

TRAINING MODULE 10

STUDY PLAN

Special Benefits

Objective:

To learn about the additional special benefits available to disabled veterans, their families and their survivors.

References:

Title 38, U.S. Code, Chapters 11, 17, 18, 21, and 39.

38 Code of Federal Regulations Part 3, §§ 3.808–3.815; Part 17, §§ 17.149–17.159, §§ 17.270–17.278, and §§ 17.900–17.905; Part 21, §§ 21.8010–21.8410.

Adjudication Manual M21-1 Part I, Appendix B.

Adjudication Manual M21-1MR (Manual Rewrite), Part 9, Subpart I, Chapters 2–7.

VA Pamphlet 26-69-1, *Questions and Answers on Specially Adapted Housing and Special Housing Adaptations for Veterans*

VA Pamphlet 80-06-01, *Federal Benefits for Veterans and Dependents*.

Instructions:

Study the assigned reference materials to learn the various prosthetic and assistive appliances and devices available as well as various monetary grants and special allowances, and how to assist a veteran or other eligible person to apply for them.

Summary:

1. General:

A WIDE RANGE OF SPECIAL SERVICES AND BENEFITS ARE AVAILABLE FOR DISABLED veterans. These may include prosthetic devices, medical accessories and similar appliances, or monetary grants for alteration and/or adaptation of a home or automobile to accommodate the particular disability. The qualifying disability does not necessarily need to be service-connected, although eligibility requirements may be different for service-connected disabilities than for nonservice-connected ones.

Appliances and devices available include, but are not limited to, artificial limbs, braces, canes, crutches, wheelchairs, orthopedic shoes, eyeglasses, and hearing aids. These may all be furnished as a necessary part of any medical care, whether inpatient or outpatient, which the veteran is eligible to receive and is receiving. Once issued, such appliances or devices may be repaired or

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replaced by VA as necessary. In addition, if such appliances require the wearing of special clothing, the clothing may be purchased, made, or repaired by VA or at VA expense. All such items are provided by the Prosthetics and Sensory Aids Service at the VA Medical Center having jurisdiction for the veteran's area of residence, upon application and determination of feasibility and need. This will usually be based upon a written order or request from the veteran's treating physician. VA will also provide any necessary training in the use of the appliances and devices.

VA will provide invalid lifts for certain veterans who have been determined to be in need of regular aid and attendance, whether service-connected or for special monthly pension. The qualifying disability on which such need is based is anatomical loss or loss of use of both lower extremities plus the loss or loss of use of at least one upper extremity, together with a medical determination that as a result, the veteran is incapable of transferring from the bed to a wheelchair or back without the aid of an attendant, and a lift is a feasible means for accomplishing such transfers. In addition, the veteran may be furnished other therapeutic and rehabilitative devices, including medical equipment and supplies (but not medications) which are determined to be medically necessary.

Veterans who are service-connected for hearing loss, and who are rated 80% or more for such hearing loss, may be furnished assistive devices including telecaptioning decoders to help overcome their hearing handicap.

Blind veterans who are entitled to compensation for *any* service-connected disability (the blindness need not be service-connected) may be furnished a trained guide dog and/or mechanical or electronic blind aid equipment as appropriate. VA will furnish the training, and will also provide for the period of adjustment to the guide dog, including the expenses of travel, food and lodging if the veteran is required to be away from his or her usual place of residence during this period of adjustment.

2. Clothing allowance:

IN ADDITION TO THE GOODS AND SERVICES LISTED ABOVE, VA ALSO PROVIDES CERTAIN monetary benefits to qualified disabled veterans: if a veteran has a service-connected condition which requires the wearing or use of an orthopedic or prosthetic appliance (including a wheelchair) that tends to tear or wear out clothing, or has a service-connected skin condition and uses medication for it that tends to stain or otherwise damage the clothing, an annual clothing allowance is payable upon application to the Prosthetics and Sensory Aids Service at the VA Medical Center of jurisdiction. If the veteran is service-connected for anatomical loss or loss of use of one or more extremities, the allowance is automatically authorized after the initial application. In all other cases the Prosthetics and Sensory Aids Service must determine if the veteran has a qualifying disability, and if so, whether the need for the orthopedic or prosthetic device or the medication for the skin condition is permanent. If the Prosthetic and Sensory Aids Service determines that the need is permanent, the allowance is automatically paid thereafter; if the need is not shown to be permanent, the veteran must reapply for the clothing allowance each year. (See the sample application, page 10-10.)

3. Automobile and Special Adaptive Equipment:

IF A VETERAN IS ENTITLED TO COMPENSATION (INCLUDING COMPENSATION UNDER 38 USC 1151) because of anatomical loss or loss of use of one or both hands, or one or both feet, or because of defective vision in both eyes, with best vision in the better eye no better than 20/200, VA will pay up to \$11,000 towards the purchase of an automobile or other conveyance plus any necessary special adaptive equipment which will allow the veteran to safely and effectively operate the automobile or other conveyance. *This is a one-time payment only.* The Prosthetics and Sensory Aids Service at the VA Medical Center may also authorize special adaptive equipment for veterans who are entitled to compensation for complete ankylosis of one or both hips or one or both knees, as well as authorizing adaptive equipment for subsequent vehicles for any veteran who has any of the above disabilities. The special adaptive equipment may be repaired, reinstalled, or replaced as necessary; however, a veteran may not be authorized adaptive equipment for more than two vehicles at a time or during any four-year period, except for unusual circumstances beyond the veteran's control. (See the sample application, pages 10-11 to 10-13.)

4. Special Housing Assistance:

BEGINNING JUNE 15, 2006 A VETERAN MAY QUALIFY FOR UP TO THREE SPECIAL ADAPTED Housing grants not to exceed \$50,000 in the aggregate, under Public Law 109-233, if he or she is entitled to compensation (including compensation under 38 USC 1151) and rated permanently totally disabled based on any of the following disabilities or combinations:

- Anatomical loss or loss of use of both lower extremities, such as to preclude locomotion without the aid of braces, canes, crutches, or a wheelchair;
- Blindness of both eyes, having only light perception, plus anatomical loss or loss of use of one lower extremity;
- Anatomical loss or loss of use of one lower extremity plus residuals of organic disease or injury which so affect the functions of balance or propulsion as to preclude locomotion without the aid of braces, canes, crutches, or a wheelchair;
- Anatomical loss or loss of use of one lower extremity plus anatomical loss or loss of use of one upper extremity which so affects the functions of balance or propulsion as to preclude locomotion without the aid of braces, canes, crutches, or a wheelchair; or
- Anatomical loss or loss of use of both upper extremities such as to preclude use of the arms at or above the elbows.

These grants may be used to buy, build, or alter and adapt a home for the purpose of making it wheelchair-accessible under applicable guidelines. If the veteran has Loan Guaranty entitlement available and meets credit-worthiness and other criteria, VA may also authorize an additional direct loan of up to \$33,000 to help defray the costs of buying, building, or modifying the home. (See the sample application, page 10-14.)

If the veteran does not qualify for Special Adapted Housing, beginning June 15, 2006 up to three Special Home Adaptation grants not to exceed \$10,000 in the aggregate are available for veterans who are entitled to compensation for permanent total disability based either on blindness in both eyes, with vision of 5/200 or less, or anatomical loss or loss of use of both hands. If the veteran has been previously found eligible for Special Adapted Housing, the Special Home Adaptation

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grant may not be authorized; however, a veteran who is eligible for a Special Home Adaptation grant may later be authorized Special Adapted Housing if additional qualifying disability arises, but the number of grants are limited to three altogether and the total combined amounts may not exceed \$50,000 in the aggregate. If the veteran qualifies for both types of grants, only Special Adapted Housing may be authorized. In any event, no particular type of adaptation, improvement, or structural alteration may be provided the veteran beyond the specified limits.

If the veteran does not qualify under either of the above programs but nonetheless needs assistance with alteration of his or her home to make it wheelchair-accessible or for other special needs, he or she may qualify for a grant under the Home Improvement and Structural Alteration (HISA) program administered by the Prosthetics and Sensory Aids Service at the VA Medical Center. This program does not require that the qualifying disability be service-connected, but there is a difference in the amount of the grant for a service-connected disability (\$4,100) or a nonservice-connected disability (\$1,200). (See the sample application, page 10-15.)

5. Health Care Coverage for Dependents:

IN ADDITION TO THE SPECIAL BENEFITS FOR VETERANS, VA WILL ALSO PROVIDE HEALTHCARE insurance coverage for the dependents or survivors of certain totally disabled veterans (whether rated 100% or rated totally disabled by reason of individual unemployability) under the Civilian Health and Medical Program, VA (CHAMPVA). For a dependent to be eligible under this program, the veteran-sponsor must:

- Be rated permanently totally disabled from service-connected disability; or
- Have died on active duty, in line of duty; or
- Have died after service from a service-connected disability; or
- Have been rated service-connected and permanently totally disabled at the time of death from any cause not willful misconduct.

Eligible persons include the veteran's spouse or surviving spouse, minor children under age 18, children between the ages of 18 and 23 who are attending an approved school, and children over age 18 who have been determined to be permanently incapable of self-support ("helpless"). Dependents of retired or other military personnel who are eligible for health care coverage under TRICARE are not eligible for coverage under CHAMPVA.

Beginning February 4, 2003, Public Law 107-330 provided that an eligible surviving spouse who is over age 55 and who remarries will not lose eligibility for health care coverage under CHAMPVA. (Public Law 108-183 extended similar provisions for other survivors' benefits including DIC, but made the qualifying age at time of remarriage 57.) If an otherwise eligible surviving spouse had been denied coverage under CHAMPVA because of coverage under TRICARE but then loses that TRICARE eligibility because of remarriage and the surviving spouse was over age 55 at the time of the remarriage, the remarried surviving spouse would now be eligible for coverage under CHAMPVA.

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Previously, coverage under CHAMPVA terminated at age 65 for beneficiaries who were eligible for both Medicare Part A hospital insurance and CHAMPVA. Beginning June 5, 2001, Public Law 107-14 extended eligibility for CHAMPVA benefits to persons entitled to the hospital insurance under Medicare part A, but only if the individual was (and is) also enrolled in the supplementary medical insurance program under Medicare Part B. Persons who were over age 65 and covered under Medicare Part A (but not enrolled under Medicare Part B) on the date of the law were excepted from the requirement of enrolling in Medicare Part B; however, if a person was already enrolled in both Parts A and B, he or she must remain enrolled in both to continue to be eligible under CHAMPVA. When a person is eligible under both programs, CHAMPVA is always the secondary payer to Medicare. A covered beneficiary is not required to enroll in Medicare Part D to remain eligible under CHAMPVA. [38 CFR § 17.271(b)]

CHAMPVA will cover most health care services and supplies that are considered medically or psychologically necessary. In general, a person covered under CHAMPVA may seek treatment from any licensed health care provider or at any licensed medical facility, including many VA medical facilities. For more information on coverage and exclusions, see 38 CFR § 17.272 and <http://www.va.gov/hac/forbeneficiaries/champva/champva.asp>. CHAMPVA administration, including applications and claims processing, is centralized to the VA Health Administration Center, Denver, Colorado. (See the sample applications in Training Module 7, pages 7-16 through 7-18.)

6. Spina Bifida Allowance:

VA WILL PAY A SPECIAL MONTHLY ALLOWANCE TO OR FOR THE NATURAL CHILD OF A Vietnam veteran, conceived after the date the veteran first served in Vietnam or the waters offshore, if the child is suffering from spina bifida. The allowance is also payable to or for the natural child of a veteran who was stationed in or near the Korean demilitarized zone during the period September 1, 1967 to August 31, 1971, who was conceived after the date the veteran first served in or near the Korean demilitarized zone, and who suffers from spina bifida. For purposes of this benefit, the term “spina bifida” means all forms and manifestations of spina bifida except spina bifida occulta.

The current age or marital status of the child is not relevant to this allowance, and receipt of the allowance has no bearing on any other VA benefit payable to or for the child based on the child’s relationship to the veteran. In addition, payment of the spina bifida allowance may not be counted as income or assets for the purpose of establishing or denying eligibility for any other Federal or Federally-assisted program.

If both of the natural parents are Vietnam veterans, only one allowance is payable to or for the affected child. However, multiple allowances may be paid if a qualifying veteran has more than one natural child, each of whom was conceived after the veteran served in Vietnam or the waters offshore, or in or near the Korean demilitarized zone during the covered period, and each of whom suffers from spina bifida.

Application for the allowance is made by submitting a completed VA Form 21-0304, *Application for Benefits for Certain Children with Disabilities Born of Vietnam Veterans*, together with appropriate supporting medical evidence to show that the child has spina bifida and the severity of the condition. (See the sample application, pages 10-16 and 10-17.)

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The VA Regional Office, Denver, Colorado, has exclusive jurisdiction over all claims for spina bifida allowance. Payment will be based on three levels of disability, from Level I (able to ambulate unassisted, with minimal to mild impairment of functioning or intellect) to Level III (grossly impaired, nonambulatory, severely mentally retarded, and/or completely incontinent of bladder and bowel). The rates of payment for each level of impairment are set out in Adjudication Manual M21-1 Part 1, Appendix B.

If the supporting medical evidence is not adequate to show the child's level of disability, a rating of Level I will be assigned and a VA examination scheduled for a definitive assessment. Infants under one year of age at time of application will be rated as Level I unless the medical evidence shows neurological deficits of such severity as to warrant an immediate rating at Level III. In either event, the level of disability will be reassessed when the child is one year of age. Children between the ages of 5 and 21 will be periodically reassessed, at intervals not greater than five years, until they reach age 21. After age 21, VA will not further reassess the level of disability unless there is evidence of material change in the severity of the child's condition, or evidence that the current rating may be incorrect.

Besides payment of the special monthly allowance to or for an eligible child suffering from spina bifida, VA will also provide the child with a program of appropriate vocational rehabilitation and training. This is similar to the training programs provided for eligible veterans under 38 USC, Chapter 31, except that subsistence allowance, independent living services and certain other related services may not be provided for the child.

In addition, VA will provide all necessary treatment for the spina bifida and any conditions directly arising from it or because of it. Treatment will be furnished by VA, either directly or under contract with an approved health care provider. Other arrangements for the child's spina bifida-related care may also be honored, provided they are authorized in advance. In these cases, the authorization is issued by the VA Health Administration Center in Denver, Colorado. Claims for payment are handled on the same basis as claims under the CHAMPVA program.

7. Monetary Allowance for Children of Women Vietnam Veterans Born with Certain Birth Defects

IN ADDITION TO THE ALLOWANCE DESCRIBED ABOVE FOR SPINA BIFIDA IN A CHILD OF ANY Vietnam veteran, male or female, beginning December 1, 2000 Public Law 106-419, the Veterans Benefits and Health Care Improvement Act of 2000, authorized payment of a monetary allowance for each biological child of a woman Vietnam veteran, conceived after the date the veteran first served in the Republic of Vietnam, who suffers from any of certain identified birth defects. All birth defects are included unless specifically excluded. The classes of those excluded (*not* covered) birth defects are:

- Familial disorders including hereditary genetic conditions, such as cystic fibrosis or sickle cell disease;
- Congenital malignant neoplasms, such as neuroblastoma;
- Chromosomal disorders, such as Down's syndrome;
- Conditions due to birth-related injuries, such as cerebral palsy

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- Conditions due to fetal or neonatal infirmity with well-established causes, such as hyaline membrane disease or maternal-infant blood incompatibility;
- Conditions that are developmental disorders, such as autism or learning disorders; or
- Conditions that do not result in permanent mental or physical disability, including conditions that are rendered non-disabling through surgical or other treatment.

As with the spina bifida allowance, the current age or marital status of the covered child is not relevant, and receipt of this allowance has no bearing on any other VA benefit payable to or for the child based on the child's relationship to the veteran. In addition, payment of this allowance may not be counted as income or assets for the purpose of establishing or denying eligibility for any other Federal or Federally-assisted program.

VA Form 21-0304 has been revised and re-titled *Application for Benefits for Certain Children with Disabilities Born of Vietnam Veterans*, and is used to apply both for the spina bifida allowance and for the allowance under this program. (See the sample application, pages 10-16 and 10-17.) VARO Denver, Colorado, has exclusive jurisdiction over both programs. The evidentiary requirements for this allowance are essentially the same as for the spina bifida allowance. Five levels of disability have been established, from Level 0 (no current disability) to Level IV (physical or mental defects that prevent age-appropriate self-care; or, behavior, communication, intellectual functioning, or social interaction are grossly inappropriate for age; or, disfigurement or scarring of the head, face, or neck with either gross distortion or gross asymmetry of features). The monetary rates payable for each level are listed in Adjudication Manual M21-1 Part I, Appendix B.

If an eligible child's only covered birth defect is spina bifida, the child may only be paid the spina bifida allowance. If the child has any other covered birth defect in addition to spina bifida, then only the allowance under this program may be authorized; however, the allowance paid may not be less than the amount of the allowance that would have been payable if the child's only covered birth defect was spina bifida.

As with the spina bifida allowance, VA will provide an eligible child with appropriate vocational rehabilitation and training, with similar limitations. In addition, VA will provide any and all necessary treatment for the covered birth defect(s) and resulting conditions, either at a VA medical facility or by contract with an approved local health care provider. Health care claim and authorization requirements are similar to those for the spina bifida allowance.

8. Restored Entitlement Program for Survivors (REPS):

THE REPS PROGRAM IS ONE OF THE LEAST-KNOWN VA PROGRAMS FOR SURVIVORS OF deceased veterans. Public Law 97-35, the Omnibus Budget Reconciliation Act of 1981, eliminated Social Security benefits for certain surviving spouses with children "in care" when the youngest child reached age 16. Most student benefits for children over age 18 were also eliminated. Section 156 of Public Law 97-377 restored benefits for the veteran's surviving spouse until the youngest child reached age 18, and for unmarried post-secondary school students between ages 18 and 22. REPS is a unique hybrid program—it is funded by the Department of Defense, but is administered by VA using a mixture of VA and Social Security Administration (SSA) eligibility criteria.

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Qualifying eligibility for REPS requires that:

- The veteran died in service before August 13, 1981.
- If the veteran died in service after August 12, 1981, the condition which caused or contributed to death must have had its onset before August 13, 1981. (This includes persons listed as missing in action prior to August 13, 1981, for whom a casualty report shows a date of (presumed) death after August 12, 1981.)
- If the veteran died after service, the service-connected condition which caused or contributed to death must have had its onset before August 12, 1981, and must have been incurred or aggravated in line of duty. The character of discharge from service is **not** a factor for purposes of REPS eligibility. Any disease which may be presumptively connected to service prior to August 13, 1981 (to specifically include presumptively herbicide-related diseases for veterans who served in Vietnam during the Vietnam Era, or near the Korean DMZ between 1968 and 1971) will establish eligibility. DIC under either 38 USC 1318 or 38 USC 1151 does not establish eligibility.

Survivors of deceased members of the Philippine Commonwealth Army (including guerilla forces), the Philippine Scouts, the commissioned corps of the Public Health Service, and the National Oceanic and Atmospheric Administration are specifically excluded from this program.

The rules and criteria for establishing relationship to the veteran are specified by SSA. Those rules are similar, but not identical, to the corresponding VA rules. The surviving spouse is eligible for REPS benefits if the youngest child of the veteran in the spouse's care is at least 16 years old but younger than 18. Under certain circumstances, the veteran's grandchild may be recognized as a "child" for REPS purposes. A surviving spouse who remarries may re-establish eligibility if the remarriage is subsequently terminated. A child who is over age 18 but under age 22 must be attending post-secondary school full-time. A schoolchild who marries after REPS eligibility has been established loses eligibility. The child may re-establish REPS eligibility if the marriage is voided or annulled, but not if the marriage is terminated by death or divorce.

Application for REPS benefits is made by submitting a completed VA Form 21-8924.1, *Application for Benefits Under Provisions of Section 156, Public Law 97-377 (REPS)*, plus appropriate proof of the veteran's service, acceptable proof of death, and proof of relationship (if not previously submitted) to the VA Regional Office, St. Louis, Missouri, which has exclusive jurisdiction of REPS claims. There is no time limit for applying—if eligibility is established, benefits will be paid from the earliest date eligibility is shown (but not earlier than January 1, 1983). If VARO St. Louis needs additional evidence or a rating or other determination to establish basic eligibility, it will be requested from the VA Regional Office having jurisdiction of the claims file.

Although both benefits require a service-connected death, eligibility for REPS benefits is independent of receipt (or denial) of DIC. Further, there is no requirement that the claimant must have previously applied for Social Security, and failure to file an application for Social Security benefits does not preclude awarding REPS benefits. A schoolchild may be paid benefits for periods of non-attendance of four months or less (such as vacation periods), providing that the child was attending school full-time immediately before the break and resumes full-time attendance immediately after the break. Periodic certification of continued attendance is required.


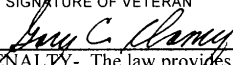
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Rates payable under the REPS program are based on the deceased veteran's Social Security earnings record and the number of eligible beneficiaries (or potential beneficiaries). In addition, there are limitations on wages and earned income for all beneficiaries, and periodic reporting of income is required. If the earned income limits are exceeded, the REPS rates otherwise payable will be reduced by \$1 for each \$2 the income is over the annual limits.

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SAMPLE COPY

OMB Approved No. 2900-0198
Respondent Burden: 10 Minutes

 Department of Veterans Affairs	
APPLICATION FOR ANNUAL CLOTHING ALLOWANCE (Under 38 U.S.C. 1162)	
PRIVACY ACT INFORMATION: No benefits may be granted unless this form is completed fully as required by law (38 C.F.R. 3.810). Responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 24VA136 "Patient Medical Record - VA", published in the Federal Register. Information submitted is subject to verification through computer matching programs with other agencies.	
RESPONDENT BURDEN: VA may not conduct or sponsor, and the respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-877-222-8387 for mailing information on where to send your comments.	
IMPORTANT: Please read the instructions below carefully, before completing the form.	
If you have a VA Claim number and a SSN number, please provide both below.	
1. FIRST NAME, MIDDLE NAME, LAST NAME OF VETERAN GARY J. CLANCY	2. VA CLAIM/FILE NUMBER 005-18-1199-00 3. SOCIAL SECURITY NUMBER 005 18 1199
4. ADDRESS OF VETERAN (No. and Street or Rural Route, City or P.O., State and Zip Code) If new address check box. <input type="checkbox"/> 21261 Phoenix Lake Ave. Santa Barbara, CA 93330	5. DISABILITY REQUIRING USE OF THE APPLIANCE OR MEDICATION Peripheral Neuropathy Lower Extremity Peripheral Neuropathy Upper Extremity Loss of right leg Loss of use of left leg
6. TYPE OF APPLIANCE OR NAME OF MEDICATION (Artificial leg, metal brace, wheelchair, etc.) WHEEL CHAIR	7. NAME AND LOCATION OF VA MEDICAL CENTER OR OTHER INSTITUTION WHICH ISSUED APPLIANCE OR MEDICATION VAMC PALO ALTO, CA
8. MONTH AND YEAR YOU WERE ISSUED APPLIANCE/MEDICATION 2003	
9. DO YOU HAVE A POWER OF ATTORNEY? (If "Yes", please identify name and/or Organization) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NATIONAL ASSOCIATION OF COUNTY VETERANS SERVICE OFFICERS	
CERTIFICATION: I hereby apply for annual clothing allowance under 38 U.S.C. 1162. I certify that I wear or use a prosthetic or orthopedic appliance, described above, because of my service-connected disability or that I use a medication for my service-connected skin condition that causes irreparable damage by my outer clothing.	
10. SIGNATURE OF VETERAN 	DATE 01-07-05
PENALTY- The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.	
SHADED FOR VA USE ONLY	
11. CHECKOFF BOXES <input type="checkbox"/> STATIC <input type="checkbox"/> NON-STATIC <input type="checkbox"/> NOT ENTITLED	12. EXAMINATION/EVALUATION DATE (If applicable)
13. PROCESSED BY:	DATE
14. AUTHORIZED/APPROVED BY	DATE

VA FORM
MAR 2004 10-8678

SUPERSEDES VA FORM 21-8678 MAY 2003,
WHICH WILL NOT BE USED.

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SAMPLE COPY

OMB Approved No. 2900-0067
Respondent Burden: 15 minutes

 Department of Veterans Affairs		1A. VA FILE NUMBER 22 11 3333-00	
APPLICATION FOR AUTOMOBILE OR OTHER CONVEYANCE AND ADAPTIVE EQUIPMENT (UNDER 38 U.S.C. 3901-3904)		1 B. SOCIAL SECURITY NUMBER 123-32-1987	
NOTE: Submit in duplicate. Type or print all entries. If any item is not applicable enter "N/A." Please refer to the reverse side of this form for information and instructions concerning your claim. Call VA toll-free with questions at 1-800-827-1 000 (TDD 1-800-829-4833).			
SECTION I - APPLICATION (To be completed by veteran or serviceperson)			
NOTE: A serviceperson planning early release should give both present military address and planned address following release from active duty, in Item 3.			
2. FIRST NAME - MIDDLE NAME - LAST NAME Rodney A. Whatsname		3. ADDRESS (No. and Street or rural route, City or P.O., State and Zip Code) 779988 Sommer St. Mokelumne Hill, CA 95222	
4. BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input checked="" type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER (Specify)		5. ARE YOU ON ACTIVE DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
6. SERVICE NO.(S) 123 32 1987			
7A. PLACE OF ENTRY INTO ACTIVE DUTY San Diego, CA		7B. DATE 04/11/1982	
8A. PLACE OF RELEASE FROM ACTIVE DUTY (If applicable) CamPen		8B. DATE 12/14/1989	
9A. HAVE YOU MADE APPLICATION FOR DISABILITY COMPENSATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," give place) Oakland, CA		9B. DATE 12/21/1989	
10. LOCATION OF VA OFFICE WHICH NOW HAS YOUR FILES (If known) OAKLAND, CA			
11. TYPE OF CONVEYANCE APPLIED FOR (Check one) <input checked="" type="checkbox"/> AUTOMOBILE <input type="checkbox"/> STATION WAGON <input type="checkbox"/> VAN <input type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input type="checkbox"/> OTHER (Specify)			
12. HAVE YOU MADE PREVIOUS APPLICATION FOR AN AUTOMOBILE OR OTHER CONVEYANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," give date and place)			
NOTE: A VETERAN IS ONLY ENTITLED TO A GRANT FOR ONE AUTOMOBILE OR OTHER CONVEYANCE DURING HIS OR HER LIFETIME. This one-per-lifetime grant does not apply to adaptive equipment.			
I hereby apply for the conveyance checked in Item 11 above and the equipment required because of my disability. I agree that before operating the vehicle I shall hereafter apply to the proper authority for the necessary license to operate it. If I am unable to qualify for a license, I certify that a person licensed to operate a similar vehicle in the state of my residence will operate the vehicle for me. I further certify that VA has not previously paid an automobile grant on my behalf.			
13. DATE 01-03-05		14. SIGNATURE OF VETERAN, SERVICEMAN OR SERVICEWOMAN 	
		15. TELEPHONE NUMBERS (Include Area Code) A. DAYTIME (209) 555-1212 B. EVENING (209) 555-1212	
SECTION II - CERTIFICATE OF ELIGIBILITY (To be completed by VA)			
QUALIFYING DISABILITIES (Check appropriate box(es))			
16A. LOSS OF FOOT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BOTH		16B. LOSS OF HAND <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BOTH	
16C. PERMANENT LOSS OF USE OF FOOT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BOTH		16D. PERMANENT LOSS OF USE OF HAND <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BOTH	
17. PERMANENT IMPAIRMENT OF VISION CENTRAL VISUAL ACUITY 20/200 OR LESS IN THE BETTER EYE WITH CORRECTIVE GLASSES <input type="checkbox"/> CONTRACTION OF THE PERIPHERAL FIELD OF VISION TO 20 DEGREES OR LESS IN THE BETTER EYE <input type="checkbox"/>			
AUTHORIZATION FOR AUTOMOBILE OR OTHER CONVEYANCE. The above-named applicant is declared eligible under 38 U.S.C. 3901-3904 to purchase the automobile or other conveyance requested, subject to certain payment limitations. VA cannot pay more than the rate in effect when VA receives the claim for payment from the seller. The allowance includes applicable taxes when included in the purchase price. The allowance does not include payment for any adaptive equipment specified for the disabilities indicated above.			
IMPORTANT: Adaptive Equipment for the operation of a vehicle is not provided for a blind applicant nor in any other case when the veteran serviceman or servicewoman must have a driver because of physical disability or if he or she does not have a valid state driver's license or learner's permit. Also, all add-on equipment (equipment furnished by someone other than the automobile manufacturer) must be VA approved.			
Payment of allowance for the purchase of the automobile or other conveyance may be made <u>only to the seller</u> .			
SEE ATTACHED LIST OF ADAPTIVE EQUIPMENT. The law permits a reimbursement for the usual and customary cost of the adaptive equipment and/or its installation specified for the applicant's qualifying disability on the attached list or by approval of VA health care facility. Subsequent adaptive equipment and/or its and /or adaptive equipment not for operation of the vehicle may be applied for separately by using VA Form 10-1394, Application for Adaptive Equipment- Motor vehicle.			
18. DATE		19. NAME AND LOCATION OF VA OFFICE	
		20. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL	
SECTION III - RECEIPT FOR AUTOMOBILE OR OTHER CONVEYANCE AND ADAPTIVE EQUIPMENT (To be completed by veteran)			
21. MAKE AND MODEL		22. YEAR	
23. MOTOR OR ENGINE NO.		24. TOTAL PURCHASE	
25. DATE OF SALE			
26A. I WILL OPERATE THIS VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		26B. I HAVE A VALID STATE DRIVER'S LICENSE OR LEARNER'S PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO	
27. NAME OF SELLER		28. ADDRESS OF SELLER	
I hereby acknowledge receipt of the automobile or other conveyance with adaptive equipment specified on attached invoice.			
29. DATE OF RECEIPT		30. SIGNATURE OF VETERAN, SERVICEMAN OR SERVICEWOMAN	
PENALTY: The law provides severe penalties which include fine or imprisonment, or both for the willful submission of any statement or evidence of a material fact knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.			

VA FORM 21-4502 JUN 2002

EXISTING STOCKS OF VA FORM 21-4502, JUN 1994, WILL BE USED.

VA FILE COPY 2

Special Benefits

ADAPTIVE EQUIPMENT FOR AUTOMOBILES AND SIMILAR VEHICLES

NOTE: ADAPTIVE EQUIPMENT FOR THE OPERATION OF THE VEHICLE CANNOT BE PROVIDED IF THE VETERAN OR SERVICEPERSON IS BLIND, REQUIRES A DRIVER BECAUSE OF PHYSICAL DISABILITY OR DOES NOT HAVE A VALID STATE DRIVER'S LICENSE OR LEARNER'S PERMIT

A. BASIC EQUIPMENT

DISABILITY	ADAPTIVE EQUIPMENT
Loss of a foot (including loss of use).....	Basic automatic transmission and power brakes
Loss of both feet (including loss of use).....	Basic automatic transmission, power steering and power brakes.
Loss of a hand (including loss of use).....	Basic automatic transmission and power steering.
Loss of a hand and a foot (including loss of use).....	Basic automatic transmission, power steering and power brakes.

B. ADDITIONAL EQUIPMENT - SINGLE DISABILITIES

LOSS OF LEFT FOOT (INCLUDING LOSS OF USE)	LOSS OF RIGHT FOOT (INCLUDING LOSS OF USE)
1. Hand operated dimmer switch	1. Left foot operated gas pedal.
2. Hand operated parking brake	2. Hand operated dimmer switch.
3. If standard transmission selected, bar welded to clutch pedal to prevent foot slipping down or off to side.	3. Hand operated parking brake.
LOSS OF LEFT HAND (INCLUDING LOSS OF USE)	4. Extension on brake pedal from left foot operation if not part of car.
1. Steering wheel knob or ring.	5. If standard transmission selected, bar welded to clutch pedal so both clutch and brake pedals may be operated with the left foot.
2. Right hand operated direction signals.	LOSS OF RIGHT HAND (INCLUDING LOSS OF USE)
3. Right hand or foot operated parking brake.	1. Steering wheel knob or ring.
4. Relocation of control switched, as needed.	2. Left hand or foot operated parking brake.
	3. Relocation of control switches, as needed.
	4. Left hand gear shift lever.

C. ADDITIONAL EQUIPMENT - MULTIPLE DISABILITIES

LOSS OF BOTH FEET (INCLUDING LOSS OF USE)	LOSS OF BOTH HANDS, TRIPLE OR QUADRUPLE EXTREMITY LOSS (INCLUDING LOSS OF USE)
1. Hand operated brake and gas pedal in combination.	Any combination of hand/foot control which does not involve steering, and relocation of control switches or levers as required.
2. Hand operated parking brake.	
3. Hand operated dimmer switch.	
4. Steering wheel knob or ring.	
5. Two-way power seat.	

NOTE: Information about add-on equipment that VA has tested and approved may be obtained by visiting or calling the nearest VA health care facility. Request approval from the VA medical center for any required equipment not specified above for the qualifying disabilities shown in Section II of VA Form 21-4502, or if adaptive equipment is required for driver training and testing. Submit request for special driver's training to the VA Medical Center.

CLAIMANT - RETAIN THIS COPY FOR YOUR INFORMATION 3

Special Benefits

PART III - APPROVAL AND AUTHORIZATION (TO BE COMPLETED BY PROSTHETIC REPRESENTATIVE)			
18. THE FOLLOWING ADAPTIVE EQUIPMENT IS APPROVED FOR INCLUSION WITH OR INSTALLATION ON THE SPECIFIC VEHICLE DESCRIBED IN ITEM 8 ON THE FRONT OF THIS FORM. COSTS INCLUDING INSTALLATION, UNLESS AUTHORIZED SEPARATELY, WILL NOT EXCEED THE TOTAL AMOUNT INDICATED BELOW FOR EACH ITEM.			
ITEMS AUTHORIZED	MAXIMUM COST	ITEMS AUTHORIZED	MAXIMUM COST
	\$		\$
19. REIMBURSEMENT OR PAYMENT TO THE VENDOR(S) OR INDIVIDUAL(S) NAMED BELOW, IN THE TOTAL AMOUNTS SPECIFIED FOR EACH, IS AUTHORIZED AS A PROPER CHARGE FOR ADAPTIVE EQUIPMENT PREVIOUSLY PURCHASED BY THE APPLICANT UNDER AUTHORITY OF CFR 3.809:			
19A. NAME AND ADDRESS OF PAYEE	19B. AMOUNT	19C. NAME AND ADDRESS OF PAYEE	19D. AMOUNT
20. NAME AND ADDRESS OF VA FIELD FACILITY	21. SIGNATURE AND TITLE OF AUTHORIZING OFFICIAL		22. DATE
PART IV - CERTIFICATION OF RECEIPT (TO BE COMPLETED BY APPLICANT)			
I CERTIFY THAT I have received the items or services authorized in item 18 above.		23. SIGNATURE OF APPLICANT	
		24. DATE	
INSTRUCTIONS TO VETERAN OR SERVICEPERSON The information requested on this form is solicited under authority of Title 38, U.S.C., Veterans Benefits, and will be used to determine your eligibility for prosthetic benefits and provide basic data for your treatment. Disclosure is voluntary. However, failure to furnish the information will result in our inability to process your request promptly. Failure to furnish this information will have no adverse effect on any other benefits to which you may be entitled. <ol style="list-style-type: none"> 1. Contact should be made with the Prosthetics Service at your local VA medical center or outpatient clinic prior to any purchase of equipment. 2. Complete all item in Part I of this form in duplicate and sign the form. 3. If you are requesting adaptive equipment or services, VA will determine your eligibility and complete Part 11. 4. After approval, you may give the original of this form to the setter/vendor of your choice, who will deliver the equipment or services authorized (see also paragraphs 3 and 4 below). 5. In the event you must obtain some of the equipment on a mail-order basis, or cannot use this authorization for any other reason, you may pay for an authorized item or service and apply for reimbursement from VA. In such cases, you must present a paid invoice properly certified (see paragraph 2 below). 6. After receipt of the items or services authorized, sign and date the receipt in items 23 and 24, and direct the seller/vendor's attention to the instructions below. This certification signifies that the adaptive equipment, installation, or service is satisfactory, the servicing information on the invoice has been verified to the best of your ability and the charges appear to be reasonable. 			
INSTRUCTIONS TO SELLER/VENDOR 1. This is to inform you that if Part II and III of this form have been completed and signed by VA, the individual who is designated in this form as the applicant has been authorized the services listed in the attached VA Form 10-2421 (for repairs) or the services listed in Item 15 of this form. Note that the applicant is not entitled to services that exceed the maximum costs, specified on VA Form 10-2421 or item 18 of this form. 2. After you and the applicant have entered into an agreement for the repair on the attached VA Form 10-2421 or the services listed in item 18, and you have completed those repairs or services, you may use the following reimbursement procedures. For repairs, complete all copies of the VA Form 10-2421 (if attached), and attach the original and copy 2 to the original of this form. For other items or services, or if no VA Form 10-2421 is attached, prepare your own invoice, itemizing each separate item or service provided with the cost of each. Identify the make, model, and year of the automobile or other conveyance and include the following certification specimen on either VA Form 10-2421 or your own invoice, as appropriate: <div style="text-align: center; margin: 10px 0;"> "I certify that the amounts billed hereon do not exceed the usual and customary costs for the items or services furnished." </div> <div style="text-align: center; margin: 10px 0;"> _____ <i>(Signature of Company Official)</i> </div> 3. Attach 2 copies of VA Form 10-2421 or 1 copy of your certified invoice to the original of this form and mail to the VA Office shown in item 20. 4. Ensure that the applicant has signed in items 13 and 23 for receipt of the items or services. 5. VA expressly disavows any intent to enter into a contract with the seller; any agreement as to repairs or other services is between the seller/vendor and the applicant.			

Special Benefits

OMB Approved No. 2900-0132
Respondent Burden: 10 minutes

 Department of Veterans Affairs		
VETERAN'S APPLICATION IN ACQUIRING SPECIALLY ADAPTED HOUSING OR SPECIAL HOME ADAPTATION GRANT (Title 38 U.S.C. Section 2101 (a) or 2101 (b))		
<p>PRIVACY ACT INFORMATION: No allowance of benefits for specially adapted housing may be granted unless the information requested is furnished as required by existing law (38 CFR 3.809). The information requested is considered relevant and necessary to determine maximum benefits provided under the law. Responses may be disclosed outside the VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records, and Vendee Loan Applicant Records - VA, published in the Federal Register.</p>		
<p>RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.</p>		
<p>INSTRUCTIONS: This application should be submitted to the regional office where your file is located. If you have never filed a claim for benefits with the Department of Veterans Affairs, send this application to the nearest VA regional office.</p>		
1. FIRST NAME - MIDDLE INITIAL - LAST NAME OF VETERAN Howard F. Noname	2A. VETERAN'S SOCIAL SECURITY NO. 123-45-6789	2B. VA FILE NO. 123 45 6789-00
3. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code) 45 S. My Street West Point, CA 95200	4. TELEPHONE NO. OF VETERAN (Include Area Code) (209) 555-1212	
	5. LOCATION OF VA REGIONAL OFFICE THAT HAS YOUR CLAIM FILE OAKLAND, CA	
6. BRANCH OF SERVICE (Check) <input type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input checked="" type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER _____	7. SERVICE SERIAL NUMBER(S) 123 45 6789	8. METHOD OF SEPARATION FROM SERVICE (Check) <input checked="" type="checkbox"/> DISCHARGED <input type="checkbox"/> RETIRED
ACTION	DATE	PLACE
9. ENTERED ACTIVE SERVICE	06-22-2000	San Diego, CA
10. RELEASED FROM ACTIVE DUTY	06/21/2004	CamPen, CA
11. APPLIED FOR DISABILITY COMPENSATION	07/05/2004	Oakland, CA
12. HAVE YOU MADE PREVIOUS APPLICATION FOR SPECIALLY ADAPTED HOUSING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES" give date and Place)		
13. ARE YOU CONFINED TO A NURSING HOME OR MEDICAL CARE FACILITY? (If "YES," give name and address of facility) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
14. REMARKS		
CERTIFICATION		
<p>I am applying for assistance in acquiring specially adapted housing or special home adaptation grant because of the nature of my service-connected disability. I understand that there are medical and economic features yet to be considered before I am eligible for this benefit, and that I will be notified of the action taken on this application soon. I also understand that each is a one time benefit and certify that I have not received either benefit, unless otherwise indicated above.</p> <p>I understand that this benefit can only be used with in the United States, its territories and possessions, including the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, and the Northern Mariana Islands.</p>		
15A. SIGNATURE OF VETERAN (Sign full name) 		15B. DATE SIGNED 01-07-05
<p>PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.</p>		

VA FORM
OCT 1995 **26-4555**

EXISTING STOCKS OF VA FORM 26-4555, OCT 1990,
WILL BE USED.

Special Benefits

SAMPLE COPY

OMB Approval No. 2900-0188
Estimated Burden: Avg. 5 min.
Expiration Date: 11 30 2007


Department of Veterans Affairs		VETERANS APPLICATION FOR ASSISTANCE IN ACQUIRING HOME IMPROVEMENT AND STRUCTURAL ALTERATIONS	
INSTRUCTIONS: SUBMIT THIS APPLICATION TO THE VA HEALTH CARE FACILITY NEAREST THE VETERANS HOME.			
<p>PRIVACY ACT INFORMATION: The information requested on this form is solicited under authority of Title 38, U.S.C., "Veterans Benefits, and will be used to determine your eligibility for HISA benefits, and identify your medical records. Additional information may be solicited during the Course of processing Your application. The information you supply may also be disclosed outside the VA as permitted by law or as stated in the "Notices of Systems of VA Records" 24VA136, published in the Federal Register. Disclosure is voluntary, however, failure to furnish the information will result in our inability to process your request promptly and serve your medical needs. Failure to furnish the information will have no adverse effect on any other benefits to which you may be entitled.</p>			
<p>The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 5 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p>			
SECTION I - VETERANS APPLICATION (To be completed by Veteran)			
<p>HAVE YOU MADE PREVIOUS APPLICATION FOR HOME IMPROVEMENTS AND STRUCTURAL ALTERATIONS (HISA)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If "Yes," give date and time</i></p>			
<p>1. NAME OF VETERAN (Last, First, MI)</p> <p style="text-align: center;">SOMEONE, Andrew L.</p>		<p>2. VETERAN'S SOCIAL SECURITY NO.</p> <p style="text-align: center;">987-65-4321</p>	<p>3. VA FILE NUMBER</p> <p style="text-align: center;">987 65 4321-00</p>
<p>4. ADDRESS (Number and Street or Rural Route, City or P.O., State and ZIP Code)</p> <p style="text-align: center;">1 Army Ln. West Point, CA 95220</p>		<p>5. TELEPHONE NUMBER OF VETERAN (include Area Code)</p> <p style="text-align: center;">(209) 555-1212</p>	
		<p>6. LOCATION OF VA REGIONAL OFFICE THAT HAS YOUR CLAIM FILE</p> <p style="text-align: center;">OAKLAND, CA</p>	
<p>7. BRANCH OF SERVICE (Check)</p> <p> <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER (Specify) </p>		<p>8. SERVICE SERIAL NUMBER</p> <p style="text-align: center;">987 65 4321</p>	<p>9. METHOD OF SEPARATION FROM SERVICE (Check)</p> <p><input checked="" type="checkbox"/> DISCHARGED <input type="checkbox"/> RETIRED</p>
<p>NAME OF PERSON OR FIRM WITH WHOM I SATISFACTORILY BID FOR NECESSARY LABOR AND MATERIALS (attach a signed copy of bid and include plans and specifications for work to be done)</p>			
CERTIFICATION			
<p>I am applying for assistance in acquiring home improvement and structural alterations.</p> <p>* I understand that there are medical and economic features yet to be considered before I am eligible for this benefit, and that I will soon be notified of the action taken on this application.</p> <p>* I also understand that cost limitations for improvements and structural alternation apply in the aggregate as a one lifetime benefit. Entitlements to this benefit terminates when the cost limit is reached. Limitations cannot be exceeded either for one project or for any accumulation of projects.</p> <p>* When the anticipated total cost of a necessary or appropriate home improvement or structural alteration exceeds the remaining balance of my allowable benefit, I agree to pay the difference or the benefit will not be authorized.</p> <p>* I acknowledge that the VA assumes no responsibility for maintenance, repair or replacement of requested improvement, alteration or installation assumes no product liability for, and extends no warranties, expressed or implied, including merchantability, as to equipment Or devices installed; and assumes no liability for damage caused by such equipment or devices or for their removal.</p> <p>* I understand that this benefit can only be used within each of the several States, Territories, and Possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.</p>			
<p>11. SIGNATURE OF VETERAN (Sign Full Name)</p> <p style="text-align: center;"><i>Andrew L. Someone</i></p>			<p>12. DATE SIGNED (mm/dd/yyyy)</p> <p style="text-align: center;">1-7-05</p>
<p style="text-align: center;"><i>The law provides severe penalties including fine or imprisonment, or both, for willful submission of any false statement or evidence of material fact.</i></p>			

VA FORM
MAY 2001 (R) **10-0103**

Special Benefits

SAMPLE COPY

OMB Approved 2900-0572
Respondent Burden: 10 minutes

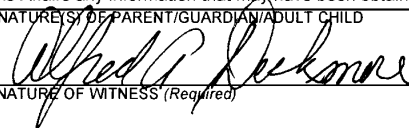
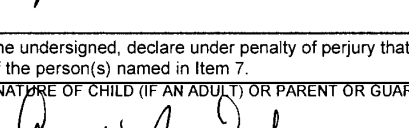
 Department of Veterans Affairs		APPLICATION FOR BENEFITS FOR CERTAIN CHILDREN WITH DISABILITIES BORN OF VIETNAM AND CERTAIN KOREA SERVICE VETERANS	
<p>Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22 Compensation, Pension, Education, and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 USC 5101 (c) (1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.</p> <p>Important Notice About Information Collection: We need this information to determine eligibility for benefits for children with certain disabilities who are born of Vietnam veterans and certain Korea Service veterans (38 U.S.C. chapter 18). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/library/omb/OMBINVC.html#VA. If desire, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.</p>			
NOTE - After completing the form mail to: VA Regional Office, Veterans Service Center (339/21), Box 25126, Denver, CO 80225			
1. NAME OF CLAIMANT - CHILD (First, middle, last)		2. SOCIAL SECURITY NUMBER OF CLAIMANT - CHILD (If available)	
AMY MAY DESKMORE		606-06-6006	
3. CLAIMANT - CHILD'S DATE OF BIRTH (Mo., day, yr.)		4. CLAIMANT - CHILD'S PLACE OF BIRTH (City and State)	
11-08-1986		BURLINGTON, VT	
5. ADDRESS OF CLAIMANT - CHILD (Include number and street or rural route, city or P.O., State and ZIP Code)			
20100 Evenmore Ln. Sugar Pine, CA 95300			
6. TELEPHONE NUMBER OF CLAIMANT - CHILD (Include Area Code)			
(209) 555-1212			
7. NAME(S) OF NATURAL PARENT(S) (Please provide information for both)			
A. FATHER (First, middle, last)		B. MOTHER (First, middle, last)	
ALFRED A. DESKMORE		ELIZABETH A. DESKMORE	
8. ADDRESS, TELEPHONE NUMBER AND VETERAN STATUS OF NATURAL PARENT(S)			
A. FATHER (Include number and street or rural route, city or P.O., State and ZIP Code)		B. MOTHER (Include number and street or rural route, city or P.O., State and ZIP Code)	
20100 Evenmore Ln. Sugar Pine, CA 95300		20100 Evenmore Ln. Sugar Pine, CA 95300	
C. VIETNAM SERVICE?		D. VIETNAM SERVICE?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," Provide dates in 8E)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," Provide dates in 8F)	
E. PLEASE PROVIDE THE DATES THAT CHILD'S FATHER WAS IN VIETNAM		F. PLEASE PROVIDE THE DATES THAT CHILD'S MOTHER WAS IN VIETNAM	
FROM	TO	FROM	TO
05/14/1970	01/23/1971	N/A	N/A
9. SOCIAL SECURITY NUMBER(S) OF NATURAL PARENT(S)			
A. FATHER		B. MOTHER	
551-72-7220		606-14-5464	
10. VA CLAIM NUMBER(S) OF NATURAL PARENT(S) (If veteran previously applied to VA for any benefit)			
A. FATHER		B. MOTHER	
551 72 7220-00		N/A	

VA FORM 21-0304
MAR 2004

SUPERSEDES VA FORM 21-0304, JAN 2002,
WHICH WILL NOT BE USED.

(Continue on Reverse)

Special Benefits

11. IF CHILD IS UNDERAGE 18 WHO HAS CUSTODY, IF OTHER THAN NATURAL PARENT? (Complete Items 11A, 11B & 11C)		
A. NAME OF CUSTODIAN/GUARDIAN OF CLAIMANT-CHILD	B. RELATIONSHIP TO CHILD <input type="checkbox"/> ADOPTIVE PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (Specify) _____	C. ADDRESS OF CUSTODIAN/GUARDIAN OF CLAIMANT-CHILD
12A. IF CLAIMANT-CHILD IS AGE 18 OR OLDER HAS THE CLAIMANT-CHILD BEEN DECLARED INCOMPETENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," Complete Items 12B and 12C)		
12B. NAME AND ADDRESS OF THE COURT WHICH MADE THE FINDING OF INCOMPETENCY?		12C. NAME AND ADDRESS OF GUARDIAN
13. DISABILITIES CLAIMED <div style="text-align: center;">SPINA BIFIDA</div>		
14. NAME AND ADDRESS OF PRIMARY HEALTH CARE PROVIDER FOR THE CLAIMANT <div style="text-align: center;">DAVID L. SU M.D. 101 Hospital Rd., Sonora, CA 95300</div>		
15A. NAME AND PLACE FIRST DIAGNOSED <div style="text-align: center;">Sonora, CA</div>		15B. DATE FIRST DIAGNOSED
16A. NAME(S) AND PLACE(S) OF MOST RECENT TREATMENT		16B. DATE(S) OF TREATMENT
David L. Su M.D.		101 Hospital Rd., Sonora, CA 95300
DIRECT DEPOSIT INFORMATION		
<p>All federal payments beginning January 2, 1999, must be made by electronic funds transfer (EFT) also called Direct Deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 17A, 17B and 17C to enroll in Direct Deposit. If you do not have a bank account we will give you a waiver from Direct Deposit, just check the box below in Item 17A. The Treasury Department is working on making bank accounts available to you. Once these accounts are available, you will be able to decide whether you wish to sign-up for one of the accounts or continue to receive a paper check. You can also request a waiver if you have other circumstances that you feel would cause you a hardship to be enrolled in Direct Deposit. You can write to: Department of Veterans Affairs, 125 S. Main Street, Suite B, Muskogee, OK 74401-7004 and give us a brief description of why you do not wish to participate in Direct Deposit.</p>		
17A. ACCOUNT NUMBER (Please check the appropriate box and provide that account number, if applicable) <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS (Please provide account number <u>11001144</u>) <input type="checkbox"/> I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT		
17B. NAME OF FINANCIAL INSTITUTION <div style="text-align: center;">FIRST BANK</div>		
17C. ROUTING OR TRANSIT NUMBER <div style="text-align: center;">12100000555</div>		
I/We, the undersigned, hereby authorize the hospital or physician shown in Items 14, 15A and 16A to disclose and release to the Department of Veterans Affairs any information that may have been obtained in connection with the physical examination or treatment of the child.		
18A. SIGNATURE(S) OF PARENT/GUARDIAN/ADULT CHILD 		18B. DATE SIGNED <div style="text-align: center;">01-03-05</div>
19A. SIGNATURE OF WITNESS (Required) 		19B. DATE SIGNED
I/We, the undersigned, declare under penalty of perjury that the information provided is true and correct and that the child named in Item 1 is the natural child of the person(s) named in Item 7.		
20A. SIGNATURE OF CHILD (IF AN ADULT) OR PARENT OR GUARDIAN 		20B. DATE SIGNED <div style="text-align: center;">01-03-05</div>
21A. SIGNATURE OF VIETNAM VETERAN PARENT (IF AVAILABLE OR DIFFERENT)		21B. DATE SIGNED

Special Benefits

— **Notes** —

Special Benefits

— **Notes** —

Special Benefits

— **Notes** —

Special Benefits

— **Notes** —

Special Benefits

Study Questions:

Using the assigned references and reading materials, answer the following questions:

- 1.** To qualify for issuance of a prosthetic appliance from VA, the veteran must be service-connected for the disability for which the appliance is required.
(T/F)
- 2.** The Department of Veterans Affairs will issue an invalid lift for a veteran's use provided:
 - a.** The veteran has anatomical loss or loss of use of both lower extremities and at least one upper extremity.
 - b.** The veteran is entitled to additional rates of special monthly compensation or special monthly pension because of being in need of regular aid and attendance.
 - c.** The veteran is unable to transfer from bed to a wheelchair and back again without the aid of an attendant.
 - d.** All of the above.
- 3.** The Department of Veterans Affairs will issue hearing aids as needed to a veteran who is service-connected for hearing loss, regardless of the rated percentage of disability. To qualify for other assistive devices to help overcome deafness, the service-connected hearing loss must be rated:
 - a.** 40% or more.
 - b.** 60% or more.
 - c.** 80% or more.
 - d.** 100%
- 4.** To qualify for payment of the annual clothing allowance, the Prosthetics and Sensory Aids Service at the VA Medical Center must in all cases recertify each year that the veteran is required to use or wear a prosthetic or orthopedic appliance or device that wears out the veteran's clothing.
(T/F)

Special Benefits

- 5.** VA will provide monetary assistance for a veteran to purchase a specially adapted automobile or other conveyance only one time.
(T/F)
- 6.** How many autos or other conveyances will VA provide special adaptive equipment for an eligible veteran?

 - a.** Two
 - b.** Four
 - c.** There is no limit to the number of vehicles VA will equip.
 - d.** There is no limit to the number of vehicles VA will equip, but VA will not authorize adaptive equipment for more than two vehicles at any one time.
- 7.** If a veteran qualifies for both the Special Adapted Housing grant and the Special Home Adaptation grant, only the Special Adapted Housing grant will be authorized.
(T/F)
- 8.** To be eligible for a grant under the Home Improvement and Structural Alteration (HISA) program, the disability which causes the need for alteration of the veteran's home must be service-connected.
(T/F)
- 9.** If the veteran retired from service based on longevity (length of service) and later establishes a service-connected disability ratable at 100%, is the veteran's spouse eligible for health care insurance coverage under both TRICARE and CHAMPVA?
(Y/N)
- 10.** Beneficiaries who have health care coverage under CHAMPVA may be furnished treatment at a VA medical facility, provided that space and the type of care required are both available at that facility.
(T/F)

Special Benefits

- 11.** The special allowance for spina bifida in a child of a Vietnam veteran may only be paid so long as that child meets the VA definition of a “child.”
(T/F)
- 12.** When it is established that a Vietnam veteran has a child between the ages of one and twenty-one who suffers from spina bifida, the severity of the child’s disability will be reviewed:
- a.** Only once, at the time that eligibility to the award is initially established. The disability is considered to be static thereafter.
 - b.** As often as may be considered necessary, based on the facts of the particular case.
 - c.** At intervals of not more than five years, up to age 21. After that the disability will be reviewed only if there is evidence of material change in the severity of the disability.
 - d.** None of the above.
- 13.** The Department of Veterans Affairs is responsible for providing, or providing for, all necessary health care as required for spina bifida and associated disabilities in a child of a Vietnam veteran.
(T/F)
- 14.** If a female Vietnam veteran has a child with spina bifida, the child may be paid either the spina bifida allowance or the allowance for birth defects, whichever is more.
(T/F)
- 15.** Which of the following birth defects are not covered under the allowance for birth defects in children of female Vietnam veterans?
- a.** Cystic fibrosis
 - b.** Cerebral palsy
 - c.** Autism
 - d.** All of the above

Special Benefits

- 16.** A covered disabled child of a Vietnam veteran may receive appropriate Vocational Rehabilitation programs and services from VA similar to a disabled veteran, except that a subsistence allowance may not be paid to the child.
(T/F)
- 17.** The veteran served in Vietnam during the Vietnam Era, and died in 1991 from prostate cancer. Are the requirements for REPS eligibility satisfied?
(Y/N)
- 18.** REPS benefits for a schoolchild are only payable while the school the child is attending is actually in session.
(T/F)
- 19.** The definition of a “child” for REPS benefits purposes is the same as for any other VA program.
(T/F)
- 20.** There is no time limit for filing a claim for REPS benefits, and if eligibility is established, benefits may be paid retroactively.
(Y/N)